



# CERTIFIED DISABILITY PROGRAM

## SECTION 1 - TO BE COMPLETED BY DAS-HRE

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First MI*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### JOB CLASSES FOR WHICH QUALIFIED

| Job Class | Class Code | Job Class | Class Code |
|-----------|------------|-----------|------------|
|           |            |           |            |
|           |            |           |            |
|           |            |           |            |

## SECTION 2 - TO BE COMPLETED BY CERTIFYING DEPARTMENT

### NATURE OF THE DISABILITY AND REASON FOR WAIVING EXAMINATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above applicant, in my best judgment, possesses the knowledges, abilities, skills, and personal characteristics necessary to perform the duties of the job class(es) listed. I further certify that, for the reasons expressed above, this applicant cannot compete for the above jobs via participation in the regular examination process without unfair negative impact.

COUNSELOR (print) \_\_\_\_\_

DEPARTMENT (check one) DVRS ☐ BLIND ☐ PHONE \_\_\_\_\_

\_\_\_\_\_  
*Counselor Signature Date*

## SECTION 3 - TO BE COMPLETED BY DAS-HRE

The above applicant has ☐ has not ☐ been placed on the appropriate eligible list(s) as a Certified Disability Program applicant.

\_\_\_\_\_  
*Signature - DAS-HRE Employment Bureau Date*

Copy to Counselor by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Applicant by: \_\_\_\_\_ Date: \_\_\_\_\_